
State:	Arkansas	Filing Company:	First Guaranty Insurance Company
TOI/Sub-TOI:	L03I Individual Life - Special/L03I.000 Individual Life - Special		
Product Name:	Individual Endowment		
Project Name/Number:	Valuation Interest Rate Change/		

Filing at a Glance

Company:	First Guaranty Insurance Company
Product Name:	Individual Endowment
State:	Arkansas
TOI:	L03I Individual Life - Special
Sub-TOI:	L03I.000 Individual Life - Special
Filing Type:	Form
Date Submitted:	12/27/2012
SERFF Tr Num:	EWLE-128827486
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Vicki Rowe
Reviewer(s):	Linda Bird (primary)
Disposition Date:	01/04/2013
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** First Guaranty Insurance Company
TOI/Sub-TOI: L03I Individual Life - Special/L03I.000 Individual Life - Special
Product Name: Individual Endowment
Project Name/Number: Valuation Interest Rate Change/

General Information

Project Name: Valuation Interest Rate Change Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 01/04/2013
State Status Changed: 01/04/2013
Deemer Date: Created By: Vicki Rowe
Submitted By: Vicki Rowe Corresponding Filing Tracking Number:
Filing Description:
Arkansas Department of Insurance

RE: First Guaranty Insurance Company NAIC # 84034
Maximum Valuation Interest Rates for 2013 Life Insurance Issues
AR30-1/2013-AR Endowment Life Policy
AR30-1/2013-IDB-AR Increasing Benefit Endowment Life Policy

Dear Sir or Madam:

This submission is being made on behalf of First Guaranty Insurance Company. These forms are submitted for review and approval. These forms are new and not intended to replace any previously approved forms. This filing is submitted to comply with the Valuation and Reserve Interest Rate changes effective January 1, 2013.

Form AR30-1/2013-AR is an individual endowment life insurance policy providing a level death benefit amount with premiums payable for either a specified number of years or for as long as the policy is in force. Form AR30-1/2013-IDB-AR is an individual endowment life insurance policy providing an increasing death benefit amount with premiums payable for either a specified number of years or for as long as the policy is in force.

When approved these forms will be used with the following:

Form Form Number Approval Date
Accidental Death Benefit ARADB-2/91 08/15/91
Child Rider 63-4/94 05/02/94
Spouse Rider 61-1288 01/18/89
Child Rider (alternate) 63-1288 01/18/89
Application WL-102007 03/19/08
Application (alternate) OWL-2007 10/12/07
Application (alternate) L-092012 11/06/12

These forms will not be illustrated.

Company and Contact

State: Arkansas
TOI/Sub-TOI: L03I Individual Life - Special/L03I.000 Individual Life - Special
Product Name: Individual Endowment
Project Name/Number: Valuation Interest Rate Change/

Filing Company: First Guaranty Insurance Company

Filing Contact Information

Vicki Rowe, Compliance
9441 LBJ Freeway
Suite 102
Dallas, TX 75243

vrowe@lewisellis.com
972-664-0163 [Phone]

Filing Company Information

(This filing was made by a third party - lewisandellisincorporated3)

First Guaranty Insurance Company	CoCode: 84034	State of Domicile: Louisiana
P.O. Box 848	Group Code:	Company Type:
Ashdown, AR 71822	Group Name:	State ID Number:
(800) 264-5191 ext. [Phone]	FEIN Number: 71-0420424	

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: LA is the Home State and their fee is 100.00 for a filing
Per Company: No

Company	Amount	Date Processed	Transaction #
First Guaranty Insurance Company	\$100.00	12/27/2012	66058471

SERFF Tracking #:	EWLE-128827486	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	First Guaranty Insurance Company
TOI/Sub-TOI:	L03I Individual Life - Special/L03I.000 Individual Life - Special		
Product Name:	Individual Endowment		
Project Name/Number:	Valuation Interest Rate Change/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/04/2013	01/04/2013

State:	Arkansas	Filing Company:	First Guaranty Insurance Company
TOI/Sub-TOI:	L03I Individual Life - Special/L03I.000 Individual Life - Special		
Product Name:	Individual Endowment		
Project Name/Number:	Valuation Interest Rate Change/		

Disposition

Disposition Date: 01/04/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization to File		Yes
Form	Endowment Life Policy		Yes
Form	Increasing Benefit Endowment Life Policy		Yes

SERFF Tracking #:

EWLE-128827486

State Tracking #:

Company Tracking #:

State: Arkansas

TOI/Sub-TOI: L03I Individual Life - Special/L03I.000 Individual Life - Special

Product Name: Individual Endowment

Project Name/Number: Valuation Interest Rate Change/

Filing Company:

First Guaranty Insurance Company

Form Schedule

Lead Form Number: AR30-1/2013-AR

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Endowment Life Policy	AR30-1/2013-AR	POL	Initial			AR3012013AR.pdf
2		Increasing Benefit Endowment Life Policy	AR30-1/2013-IDB-AR	POL	Initial			AR3012013IDBAR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

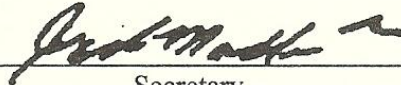
First Guaranty *Insurance Company*

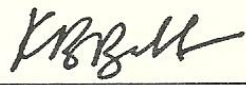
P.O. BOX 848, 351 N. THIRD ST., ASHDOWN, ARKANSAS 71822

FIRST GUARANTY INSURANCE COMPANY (hereinafter referred to as "the Company") agrees to pay benefits according to the provisions of this policy. This policy is a legal contract between the Owner and the Company.

Signed for the Company at Ashdown, Arkansas.




Secretary


President

IMPORTANT INFORMATION

If you have questions about your policy or a claim you have filed, please write to our Home Office or contact our Policy Service Department. You may call us at the number shown below from 8:00 until 4:30, Monday through Friday, except holidays.

FIRST GUARANTY INSURANCE COMPANY

P. O. Box 848
351 N. Third Street
Ashdown, Arkansas 71822
(800) 264-5191

Should you have a consumer complaint that is not resolved, you may contact the Arkansas Department of Insurance at:

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904
Telephone: (501) 371-2640 or 1 (800) 852-5494

READ YOUR POLICY CAREFULLY **CANCELLATION DURING FIRST [10; 20] DAYS**

Within [10, 20] days from receipt of this policy, the Owner may return it for any reason. If returned, this policy is void. Any premium or policy fee paid on this policy will be refunded within 10 days from receipt of this policy by the Home Office. The policy may be returned to the Company or to the agent who sold this policy.

ENDOWMENT LIFE POLICY **FACE AMOUNT PAYABLE AT DEATH OR ON THE MATURITY DATE** **NON-PARTICIPATING**

TABLE OF CONTENTS

Page 1	Insurance Information Interest Rates	Page 5	Policy Loans and Indebtedness Guaranteed Values Option 1. Cash Surrender Value Option 2. Paid-Up Insurance
Page 2	Policy Definitions		
Page 3	General Provisions Benefit Contract Premiums Owner and Beneficiary Incontestability Suicide Misstatement of Age	Page 6	Guaranteed Values (Continued) Option 3. Extended Insurance
		Page 7	Table of Values
Page 4	General Provisions (Continued) Grace Period Reinstatement Assignment Currency Settlement Nonparticipating		

[A copy of the application and any endorsements or riders follow page 7]

AR30-1/2013-AR

INSURANCE INFORMATION

INTEREST RATES

Basis of Calculations.....125% 2001 CSO CRVM
Cash Values and Net Single Premium [4.5%]
Reserves [3.5%]

Policy Loan8% Per Annum

Reinstatement6% Per Annum Compounded Annually

INSURED	[JOHN Q DOE]	POLICY NUMBER	[999-11080010-001]
OWNER	[JOHN Q DOE]	ISSUE AGE	[50]
BENEFICIARY	[I.M. BENEFICIARY]	ISSUE DATE	[11/01/2008]
[AUTOMATIC			
PREMIUM LOAN	[INCLUDED; NOT INCLUDED]]	MATURITY DATE	[11/01/2058]

FACE AMOUNT [\$1,000]

**ENDOWMENT LIFE POLICY - PREMIUMS PAYABLE FOR [] YEARS - FACE AMOUNT
PAYABLE AT DEATH OR ON THE MATURITY DATE- NON-PARTICIPATING.**

PLAN – [0]

PREMIUMS

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY BANK DRAFT
[\$212.00]	[\$110.24]	[\$56.18]	[\$17.68]

AR30-1/2013-AR

PAGE 1

POLICY DEFINITIONS

Company	First Guaranty Insurance Company
Owner	The Owner of this Policy. The Owner is as shown in the Application unless later changed as provided in this Policy.
Insured	The person named as Insured in the Application.
Beneficiary	The person named as Beneficiary in the Application unless later changed as provided in this Policy.
Application	The form used to apply for, and attached to, this Policy.
Policy	This legal contract between the Owner and the Company.
Policy Anniversary	The date in each calendar year after the Issue Date which has the same month and day as the Issue Date.
Premium	The Modal Premium as shown in the Insurance Information page or changed by the Owner.

GENERAL PROVISIONS

Benefit - The Company will pay the Face Amount of this policy on the death of the Insured or on the Maturity Date while this policy is in full force. This payment is subject to the provisions of this policy. Payment will be made to the named Beneficiary when the Home Office of the Company receives due proof of the Insured's death.

Proceeds payable due to the death of the Insured will be paid no later than 2 months of the date the Company receives proof of death. If proceeds are not paid within 20 days following the date the Company receives due proof of death, interest will be paid on the proceeds at the rate of 8% from the date of death to the date of payment or as otherwise required by State law. Proceeds will include any premiums paid beyond the month of death.

Contract - This policy is issued in consideration of the application for it and the payment of the premium. This policy and the application make up the entire contract. The policy is all the pages shown in the Table of Contents, the application and any attached endorsements. All statements made in the application will be deemed representations and not warranties. No statement made by the Insured or on his behalf shall be used in defense to a claim under this policy unless it is contained in the application, a copy of which is attached to this policy when issued.

Only the President or the Secretary of the Company can change or waive any of the provisions of the policy. Any change must be made in writing.

Premium-The Issue Date is when the first premium is due. It is also the date from which policy years, premium due dates and policy anniversaries are determined. Premiums are to be paid during the lifetime of the Insured for the number of years shown on page 1. The amount and mode of premium payment are also shown on page 1.

Premiums must be paid to the Company at the Home Office on or before the due date. Premiums may be paid 1, 2, 4 or 12 times a year according to the Premium Payment Mode selected.

This mode may be changed on any policy anniversary.

	Number of Premium
<u>Premium Payment Mode</u>	<u>Payments Per Year</u>

Annual	1
Semi-Annual	2
Quarterly	4
Monthly	12

Any unearned premium paid on this policy at the time of cancellation will be refunded to the Owner.

Owner and Beneficiary - The Owner and Beneficiary of this policy are named on page 1. While the Insured is alive, the Owner has all rights conferred in this policy. The named Beneficiary will receive the proceeds of this policy when the Insured dies. If all named beneficiaries die prior to the death of the Insured, the Company will pay the proceeds in one sum to the executor or administrator of the Insured's estate.

The Owner has the right to change any Beneficiary, subject only to the consent of any living irrevocable Beneficiary. This change may be requested on forms provided by the Company. The Company must approve the change in writing. When approved, the change will take effect on the date of the request. This will be true whether or not the Insured is living on the date of such approval. But the Company shall not suffer loss because of payments made before the approval of such change.

Incontestability-The Company may not contest this policy after it has been in force during the lifetime of the Insured for two years from the earlier of the policy date or issue date, except for failure to pay premiums. If allowed by laws of the state in which this policy is delivered, this will not apply to benefits for total and permanent disability or accidental death which may be contained in a rider which is a part of this policy.

Suicide Exclusion-If the Insured commits suicide while sane or insane, within two years after the Issue Date, the Company will pay a benefit equal to the amount of premiums paid. When the laws of the state in which this policy is delivered require less than this two year period, the period will be as stated in such laws.

Misstatement of Age-If the age of the Insured as shown on the application is not correct, the benefit to be paid will be adjusted. This adjusted benefit will be an amount which the premium paid would have purchased for the correct age.

Grace Period-A grace period of 31 days is allowed to pay each premium but the first. During this grace period the policy will be in force. If the Insured dies during a grace period, the premium due will be deducted from the proceeds.

If the premium is not paid at the end of the grace period, the policy will lapse subject to the Guaranteed Values provisions.

Reinstatement-The policy may be reinstated within 5 years after it ceases to be in full force unless:

- (a) it has been surrendered for its net cash value, or
- (b) the period of extended insurance has expired.

Reinstatement is subject to:

- (a) evidence of insurability satisfactory to the Company,
- (b) payment of all past due premiums with compound interest at the reinstatement interest rate of 6% per annum,
- (c) payment of reinstatement of any policy loan with compound interest at the policy loan interest rate of 8% per annum.

These rates will not exceed those allowed by laws of the state in which this policy is delivered.

Assignment-The Company is not responsible for the validity of any assignment. The Company will not be bound by an assignment unless a duplicate of the written original is filed with the Company.

Currency-Premiums and proceeds are payable in U.S. currency.

Settlement-All payments by the Company are payable at its Home Office in one sum.

Nonparticipating-This is a nonparticipating policy which does not share in the profits or surplus of the Company.

POLICY LOANS AND INDEBTEDNESS

A loan may be obtained from the Company on the sole security of this policy. The loan may not exceed the cash value for the end of the current policy year.

The loan will be granted after written request if:

- (a) a loan agreement approved by the Company is executed, and
- (b) the policy is in force except as Extended Insurance.

The Company may defer granting a loan, except a loan used to pay premiums on policies in the Company, for the period permitted by law. In no case will this period be longer than 6 months after the Company receives a written request for the loan at its Home Office. From such loan there will be deducted:

- (a) any debt owed on this policy,
- (b) any unpaid balance of the premium to the end of the current policy year, and
- (c) interest in advance at the rate of 8% per annum.

Interest at the same rate will be payable in advance on each policy anniversary. Interest not paid when due will be added to the loan and will bear interest at the same rate. The interest rate will not exceed the rate allowed by laws of the state in which this policy is delivered.

A loan may be repaid in full or in part at any time while this policy is in force unless a Guaranteed Value Option became effective after the loan was made.

Failure to repay any loan or to pay interest will not lapse this policy unless the loan equals or exceeds the loan value at the time of failure. In such case the policy will become void 31 days after the Company mails a

notice of lapse to the last known address of the Owner or any assignee of record.

Automatic Premium Loan – This provision applies if it is shown as included on page 1 of this policy. When a due premium is not paid by the end of the grace period, a loan with interest in advance will be charged to this policy to pay the due premium and the policy will remain in force if:

- (a) the net cash value is enough to cover the loan, and
- (b) the provision has not been revoked.

The net cash value is the cash value at the end of the due premium period less any loan charged to the policy. If the net cash value is not enough to cover the due premium plus interest in advance, a loan may be made for an installment of the due premium, but for no less than a monthly premium. Cash payments may be resumed at any time while the policy is in force. If the net cash value is not enough to cover the loan, the policy will lapse to one of the guaranteed Value Options.

This provision may be revoked while this policy is in force by filing a written request with the Home Office.

Indebtedness—Any debt owed on this policy will be deducted from the proceeds to be paid. "Debt" as used in this policy means the amount owed to the Company on this policy.

GUARANTEED VALUES

Guaranteed Value Options are available in the first policy year for which values are shown in the Table of Values or in any policy year after. These values are equal to or greater than those required by law.

There are 3 forms of Guaranteed Value Options. Any one of the options may be elected within 60 days after the due date of an unpaid premium. If the policy is rated class, the Extended Insurance Option is not available.

Option 1. Cash Surrender Value-- The policy may be surrendered for the Net Cash Value as of the due date of the unpaid premium. The Net Cash Value is the Cash Value shown on the table on page 7 less any debt owed to the Company.

While the policy is in force as Paid Up or Extended Insurance, it may also be surrendered for its cash value on the date of surrender. If Paid Up or Extended Insurance is surrendered within 31 days after a policy anniversary, an amount not less than the Net Cash Value on that anniversary will be paid.

The Company may defer the payment of any cash value for the period permitted by law, but not more than 6 months after written request is received by the Company at the Home Office.

Option 2. Paid Up Insurance—The policy may be continued in force as Paid Up Insurance. This insurance will be in force for the lifetime of the Insured unless surrendered. The amount of Paid Up Insurance is the amount shown in the Table of Values on page 7. This amount will be paid to the Beneficiary on the death of the Insured or to the Owner on the Maturity Date. If the policy is in a rated class, the Paid Up Insurance Option will be the automatic option if the Cash Surrender Value Option has not been elected within 60 days after the due date of the unpaid premium.

Option 3. Extended Insurance-The words "Extended Insurance" as used in the policy means Extended Term Insurance. If the policy is in a standard premium class, the Extended Insurance Option will be the automatic option if the Cash Surrender Option or Paid Up Insurance Option have not been elected within 60 days after the due date of the unpaid premium. If the amount of Paid Up Insurance exceeds the value of the Extended Term Insurance, the

Paid Up Insurance will become the automatic value. The amount of the Extended Insurance is the Face Amount less any debt owed the Company on this policy. The Extended Insurance will be in force for a term period during the lifetime of the Insured. The term will be measured from the due date of the unpaid premium. If the Insured dies during this term the amount of the Extended Insurance will be paid to the Beneficiary.

TABLE OF VALUES

ENDOWMENT LIFE

CASH AND PAID-UP INSURANCE AND NONFORFEITURE FACTORS SHOWN ARE FOR EACH \$1,000 OF INITIAL AMOUNT OF INSURANCE. AGE REFERS TO THE AGE OF THE INSURED AS SHOWN ON PAGE 1 OF THE POLICY. VALUES ARE FOR THE END OF THE INDICATED POLICY YEARS. VALUES FOR POLICY YEARS NOT SHOWN IN THE TABLE WILL BE FURNISHED UPON REQUEST. THE AMOUNT OF EXTENDED TERM INSURANCE IS THE AMOUNT OF INSURANCE IN FORCE DURING THE POLICY YEAR THE EXTENDED TERM OPTION IS EXERCISED. THE AMOUNT OF EXTENDED TERM INSURANCE REMAINS LEVEL ONCE THE OPTION IS EXERCISED.

ISSUE AGE [50]

YEAR	CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE	
			YEARS	DAYS
1	[0]	[0]	[0]	[0]
2	[0]	[0]	[0]	[0]
3	[18]	[54]	[2]	[330]
4	[37]	[107]	[5]	[31]
5	[56]	[156]	[6]	[290]
6	[75]	[202]	[8]	[21]
7	[95]	[247]	[9]	[29]
8	[115]	[289]	[9]	[322]
9	[135]	[327]	[10]	[190]
10	[156]	[366]	[11]	[33]
11	[178]	[403]	[11]	[211]
12	[199]	[437]	[11]	[320]
13	[221]	[470]	[12]	[51]
14	[243]	[501]	[12]	[119]
15	[265]	[530]	[12]	[161]
16	[286]	[555]	[12]	[163]
17	[308]	[581]	[12]	[157]
18	[331]	[607]	[12]	[142]
19	[353]	[630]	[12]	[93]
20	[376]	[653]	[12]	[38]

PLAN [0]

**FIRST GUARANTY
INSURANCE COMPANY**
ASHDOWN, ARKANSAS

ENDOWMENT LIFE POLICY
PLAN NO. [O]



**FIRST GUARANTY
INSURANCE COMPANY**

**FIRST GUARANTY
INSURANCE COMPANY**
ASHDOWN, ARKANSAS

AR30-1/2013-AR

REGISTER OF CHANGE OF BENEFICIARY

NOTE: No change, designation or declaration shall take effect until endorsed on this Policy by the proper officer of the Company at the Home Office.

DATE ENDORSED

BENEFICIARY
ENDORSED BY

RELATIONSHIP

REQUEST FOR PAYMENT TO FUNERAL DIRECTOR

In consideration of services performed by

I hereby request the First Guaranty Insurance Company, instead of paying the Amount of Insurance under this Policy to me, pay said amount to the above named Funeral Director and I agree that such payment shall discharge in full all liability of said Company to me under this Policy, subject only to the stipulation that such payment shall not in any way prejudice my interests or interests of the Company with respect to the liability, if any.

Witness

Owner or Beneficiary

Witness

Date _____ 20__

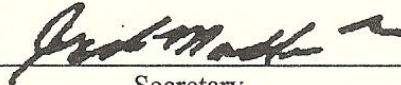
First Guaranty *Insurance Company*

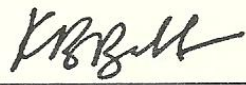
P.O. BOX 848, 351 N. THIRD ST., ASHDOWN, ARKANSAS 71822

FIRST GUARANTY INSURANCE COMPANY (hereinafter referred to as "the Company") agrees to pay benefits according to the provisions of this policy. This policy is a legal contract between the Owner and the Company.

Signed for the Company at Ashdown, Arkansas.




Secretary


President

IMPORTANT INFORMATION

If you have questions about your policy or a claim you have filed, please write to our Home Office or contact our Policy Service Department. You may call us at the number shown below from 8:00 until 4:30, Monday through Friday, except holidays.

FIRST GUARANTY INSURANCE COMPANY

P. O. Box 848
351 N. Third Street
Ashdown, Arkansas 71822
(800) 264-5191

Should you have a consumer complaint that is not resolved, you may contact the Arkansas Department of Insurance at:

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904
Telephone: (501) 371-2640 or 1 (800) 852-5494

READ YOUR POLICY CAREFULLY **CANCELLATION DURING FIRST [10; 20] DAYS**

Within [10, 20] days from receipt of this policy, the Owner may return it for any reason. If returned, this policy is void. Any premium or policy fee paid on this policy will be refunded within 10 days from receipt of this policy by the Home Office. The policy may be returned to the Company or to the agent who sold this policy.

ENDOWMENT LIFE POLICY **FACE AMOUNT PAYABLE AT DEATH OR ON THE MATURITY DATE** **NON-PARTICIPATING**

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Page 4	General Provisions (Continued) Grace Period Reinstatement Assignment Currency Settlement Nonparticipating		

[A copy of the application and any endorsements or riders follow page 7]

AR30-1/2013-IDB-AR

INSURANCE INFORMATION

INTEREST RATES

Basis of Calculations.....125% 2001 CSO CRVM
Cash Values and Net Single Premium [4.5%]
Reserves [3.5%]

Policy Loan8% Per Annum

Reinstatement6% Per Annum Compounded Annually

INSURED	[JOHN Q DOE]	POLICY NUMBER	[999-11080010-001]
OWNER	[JOHN Q DOE]	ISSUE AGE	[50]
BENEFICIARY	[I.M. BENEFICIARY]	ISSUE DATE	[11/01/2008]
[AUTOMATIC			
PREMIUM LOAN	[INCLUDED; NOT INCLUDED]]	MATURITY DATE	[11/01/2058]

INITIAL FACE AMOUNT [\$1,000]

ANNUAL INCREASING FACE AMOUNT [\$50]

**ENDOWMENT LIFE POLICY - PREMIUMS PAYABLE FOR [] YEARS - FACE AMOUNT
PAYABLE AT DEATH OR ON THE MATURITY DATE- NON-PARTICIPATING.**

PLAN – [S]

PREMIUMS

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY BANK DRAFT
[\$212.00]	[\$110.24]	[\$56.18]	[\$17.68]

POLICY DEFINITIONS

Company	First Guaranty Insurance Company
Owner	The Owner of this Policy. The Owner is as shown in the Application unless later changed as provided in this Policy.
Insured	The person named as Insured in the Application.
Beneficiary	The person named as Beneficiary in the Application unless later changed as provided in this Policy.
Application	The form used to apply for, and attached to, this Policy.
Policy	This legal contract between the Owner and the Company.
Policy Anniversary	The date in each calendar year after the Issue Date which has the same month and day as the Issue Date.
Premium	The Modal Premium as shown in the Insurance Information page or changed by the Owner.

GENERAL PROVISIONS

Benefit - The Company will pay the benefits of this policy on the death of the Insured or on the Maturity Date while this policy is in full force. The benefit of this policy is equal to the Initial Face Amount shown on page 1 of this policy plus the sum of the Annual Increasing Face Amounts shown on page 1 of this policy for each year this policy is in force. Each Annual Increasing Face Amounts will be effective on the Policy Anniversary.

This payment is subject to the provisions of this policy. Payment will be made to the named Beneficiary when the Home Office of the Company receives due proof of the Insured's death.

Proceeds payable due to the death of the Insured will be paid no later than 2 months of the date the Company receives proof of death. If proceeds are not paid within 20 days following the date the Company receives due proof of death, interest will be paid on the proceeds at the rate of 8% from the date of death to the date of payment or as otherwise required by State law. Proceeds will include any premiums paid beyond the month of death.

Contract - This policy is issued in consideration of the application for it and the payment of the premium. This policy and the application make up the entire contract. The policy is all the pages shown in the Table of Contents, the application and any attached endorsements. All statements made in the application will be deemed representations and not warranties. No statement made by the Insured or on his behalf shall be used in defense to a claim under this policy unless it is contained in the application, a copy of which is attached to this policy when issued.

Only the President or the Secretary of the Company can change or waive any of the provisions of the policy. Any change must be made in writing.

Premium-The Issue Date is when the first premium is due. It is also the date from which policy years, premium due dates and policy anniversaries are determined. Premiums are to be paid during the lifetime of the Insured for the number of years shown on page 1. The amount and mode of premium payment are also shown on page 1.

Premiums must be paid to the Company at the Home Office on or before the due date. Premiums may be paid 1, 2, 4 or 12 times a year according to the Premium Payment Mode selected.

This mode may be changed on any policy anniversary.

<u>Premium Payment Mode</u>	<u>Number of Premium Payments Per Year</u>
Annual	1
Semi-Annual	2
Quarterly	4
Monthly	12

Any unearned premium paid on this policy at the time of cancellation will be refunded to the Owner.

Owner and Beneficiary - The Owner and Beneficiary of this policy are named on page 1. While the Insured is alive, the Owner has all rights conferred in this policy. The named Beneficiary will receive the proceeds of this policy when the Insured dies. If all named beneficiaries die prior to the death of the Insured, the Company will pay the proceeds in one sum to the executor or administrator of the Insured's estate.

The Owner has the right to change any Beneficiary, subject only to the consent of any living irrevocable Beneficiary. This change may be requested on forms provided by the Company. The Company must approve the change in writing. When approved, the change will take effect on the date of the request. This will be true whether or not the Insured is living on the date of such approval. But the Company shall not suffer loss because of payments made before the approval of such change.

Incontestability-The Company may not contest this policy after it has been in force during the lifetime of the Insured for two years from the earlier of the policy date or issue date, except for failure to pay premiums. If allowed by laws of the state in which this policy is delivered, this will not apply to benefits for total and permanent disability or accidental death which may be contained in a rider which is a part of this policy.

Suicide Exclusion-If the Insured commits suicide while sane or insane, within two years after the Issue Date, the Company will pay a benefit equal to the amount of premiums paid. When the laws of the state in which this policy is delivered require less than this two year period, the period will be as stated in such laws.

Misstatement of Age-If the age of the Insured as shown on the application is not correct, the benefit to be paid will be adjusted. This adjusted benefit will be an amount which the premium paid would have purchased for the correct age.

Grace Period-A grace period of 31 days is allowed to pay each premium but the first. During this grace period the policy will be in force. If the Insured dies during a grace period, the premium due will be deducted from the proceeds.

If the premium is not paid at the end of the grace period, the policy will lapse subject to the Guaranteed Values provisions.

Reinstatement-The policy may be reinstated within 5 years after it ceases to be in full force unless:

- (a) it has been surrendered for its net cash value, or
- (b) the period of extended insurance has expired.

Reinstatement is subject to:

- (a) evidence of insurability satisfactory to the Company,
- (b) payment of all past due premiums with compound interest at the reinstatement interest rate of 6% per annum,
- (c) payment of reinstatement of any policy loan with compound interest at the policy loan interest rate of 8% per annum.

These rates will not exceed those allowed by laws of the state in which this policy is delivered.

Assignment-The Company is not responsible for the validity of any assignment. The Company will not be bound by an assignment unless a duplicate of the written original is filed with the Company.

Currency-Premiums and proceeds are payable in U.S. currency.

Settlement-All payments by the Company are payable at its Home Office in one sum.

Nonparticipating-This is a nonparticipating policy which does not share in the profits or surplus of the Company.

POLICY LOANS AND INDEBTEDNESS

A loan may be obtained from the Company on the sole security of this policy. The loan may not exceed the cash value for the end of the current policy year.

The loan will be granted after written request if:

- (a) a loan agreement approved by the Company is executed, and
- (b) the policy is in force except as Extended Insurance.

The Company may defer granting a loan, except a loan used to pay premiums on policies in the Company, for the period permitted by law. In no case will this period be longer than 6 months after the Company receives a written request for the loan at its Home Office. From such loan there will be deducted:

- (a) any debt owed on this policy,
- (b) any unpaid balance of the premium to the end of the current policy year, and
- (c) interest in advance at the rate of 8% per annum.

Interest at the same rate will be payable in advance on each policy anniversary. Interest not paid when due will be added to the loan and will bear interest at the same rate. The interest rate will not exceed the rate allowed by laws of the state in which this policy is delivered.

A loan may be repaid in full or in part at any time while this policy is in force unless a Guaranteed Value Option became effective after the loan was made.

Failure to repay any loan or to pay interest will not lapse this policy unless the loan equals or exceeds the loan value at the time of failure. In such case the policy will become void 31 days after the Company mails a

notice of lapse to the last known address of the Owner or any assignee of record.

Automatic Premium Loan – This provision applies if it is shown as included on page 1 of this policy. When a due premium is not paid by the end of the grace period, a loan with interest in advance will be charged to this policy to pay the due premium and the policy will remain in force if:

- (a) the net cash value is enough to cover the loan, and
- (b) the provision has not been revoked.

The net cash value is the cash value at the end of the due premium period less any loan charged to the policy. If the net cash value is not enough to cover the due premium plus interest in advance, a loan may be made for an installment of the due premium, but for no less than a monthly premium. Cash payments may be resumed at any time while the policy is in force. If the net cash value is not enough to cover the loan, the policy will lapse to one of the guaranteed Value Options.

This provision may be revoked while this policy is in force by filing a written request with the Home Office.

Indebtedness—Any debt owed on this policy will be deducted from the proceeds to be paid. "Debt" as used in this policy means the amount owed to the Company on this policy.

GUARANTEED VALUES

Guaranteed Value Options are available in the first policy year for which values are shown in the Table of Values or in any policy year after. These values are equal to or greater than those required by law.

There are 3 forms of Guaranteed Value Options. Any one of the options may be elected within 60 days after the due date of an unpaid premium. If the policy is rated class, the Extended Insurance Option is not available.

Option 1. Cash Surrender Value-- The policy may be surrendered for the Net Cash Value as of the due date of the unpaid premium. The Net Cash Value is the Cash Value shown on the table on page 7 less any debt owed to the Company.

While the policy is in force as Paid Up or Extended Insurance, it may also be surrendered for its cash value on the date of surrender. If Paid Up or Extended Insurance is surrendered within 31 days after a policy anniversary, an amount not less than the Net Cash Value on that anniversary will be paid.

The Company may defer the payment of any cash value for the period permitted by law, but not more than 6 months after written request is received by the Company at the Home Office.

Option 2. Paid Up Insurance—The policy may be continued in force as Paid Up Insurance. This insurance will be in force for the lifetime of the Insured unless surrendered. The amount of Paid Up Insurance is the amount shown in the Table of Values on page 7. This amount will be paid to the Beneficiary on the death of the Insured or to the Owner on the Maturity Date. If the policy is in a rated class, the Paid Up Insurance Option will be the automatic option if the Cash Surrender Value Option has not been elected within 60 days after the due date of the unpaid premium.

Option 3. Extended Insurance-The words "Extended Insurance" as used in the policy means Extended Term Insurance. If the policy is in a standard premium class, the Extended Insurance Option will be the automatic option if the Cash Surrender Option or Paid Up Insurance Option have not been elected within 60 days after the due date of the unpaid premium. If the amount of Paid Up Insurance exceeds the value of the Extended Term Insurance, the

Paid Up Insurance will become the automatic value. The amount of the Extended Insurance is the Face Amount less any debt owed the Company on this policy. The Extended Insurance will be in force for a term period during the lifetime of the Insured. The term will be measured from the due date of the unpaid premium. If the Insured dies during this term the amount of the Extended Insurance will be paid to the Beneficiary.

TABLE OF VALUES

ENDOWMENT LIFE

CASH AND PAID-UP INSURANCE AND NONFORFEITURE FACTORS SHOWN ARE FOR EACH \$1,000 OF INITIAL AMOUNT OF INSURANCE. AGE REFERS TO THE AGE OF THE INSURED AS SHOWN ON PAGE 1 OF THE POLICY. VALUES ARE FOR THE END OF THE INDICATED POLICY YEARS. VALUES FOR POLICY YEARS NOT SHOWN IN THE TABLE WILL BE FURNISHED UPON REQUEST. THE AMOUNT OF EXTENDED TERM INSURANCE IS THE AMOUNT OF INSURANCE IN FORCE DURING THE POLICY YEAR THE EXTENDED TERM OPTION IS EXERCISED. THE AMOUNT OF EXTENDED TERM INSURANCE REMAINS LEVEL ONCE THE OPTION IS EXERCISED.

ISSUE AGE [50]

YEAR	CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE	
			YEARS	DAYS
1	[0]	[0]	[0]	[0]
2	[18]	[30]	[2]	[342]
3	[61]	[101]	[7]	[242]
4	[105]	[173]	[10]	[277]
5	[151]	[247]	[12]	[348]
6	[199]	[324]	[14]	[255]
7	[248]	[401]	[16]	[7]
8	[298]	[478]	[16]	[356]
9	[350]	[557]	[17]	[259]
10	[403]	[636]	[18]	[79]
11	[459]	[717]	[18]	[224]
12	[515]	[796]	[18]	[296]
13	[573]	[876]	[18]	[337]
14	[632]	[956]	[18]	[344]
15	[693]	[1037]	[18]	[335]
16	[754]	[1115]	[18]	[290]
17	[817]	[1194]	[18]	[233]
18	[881]	[1272]	[18]	[151]
19	[947]	[1351]	[18]	[56]
20	[1015]	[1430]	[17]	[319]

PLAN [S]

**FIRST GUARANTY
INSURANCE COMPANY**
ASHDOWN, ARKANSAS

ENDOWMENT LIFE POLICY
PLAN NO. [S]



**FIRST GUARANTY
INSURANCE COMPANY**
ASHDOWN, ARKANSAS

AR30-1/2013-IDB-AR

REGISTER OF CHANGE OF BENEFICIARY

NOTE: No change, designation or declaration shall take effect until endorsed on this Policy by the proper officer of the Company at the Home Office.

DATE ENDORSED

BENEFICIARY
ENDORSED BY

RELATIONSHIP

REQUEST FOR PAYMENT TO FUNERAL DIRECTOR

In consideration of services performed by

I hereby request the First Guaranty Insurance Company, instead of paying the Amount of Insurance under this Policy to me, pay said amount to the above named Funeral Director and I agree that such payment shall discharge in full all liability of said Company to me under this Policy, subject only to the stipulation that such payment shall not in any way prejudice my interests or interests of the Company with respect to the liability, if any.

Witness

Witness

Owner or Beneficiary

Date _____ 20____

SERFF Tracking #:	EWLE-128827486	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	First Guaranty Insurance Company
TOI/Sub-TOI:	L03I Individual Life - Special/L03I.000 Individual Life - Special		
Product Name:	Individual Endowment		
Project Name/Number:	Valuation Interest Rate Change/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
CompliancecertificationAR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Application form WL-102007 approved on 04/07/08. Application (alternate) form OWL-2007 approved on 11/25/09. Application (alternate) form L-092012 approved on 12/18/12.		
Attachment(s):			
L-092012Final.pdf OWL-2007-10-01.pdf WL-102007.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Authorization to File		
Comments:			
Attachment(s):			
20120905-authorization_letternew.pdf			

Compliance Certification

Insurance Company: First Guaranty Insurance Company

<u>Form Number</u>	<u>Description of Form</u>
AR30-1/2013-AR	Endowment Life Policy
AR30-1/2013-IDB-AR	Increasing Benefit Endowment Life Policy

I hereby certify that in connection with the above referenced forms, First Guaranty Insurance Company will comply with the requirements of:

Rule & Regulation 19 pertaining to Unfair Sex Discrimination;
Rule & Regulation 49 pertaining to Guaranty Association Notices



Authorized Signature

Kirk Babb

Name

President

Title

December 27, 2012

Date

Application for Life Insurance • First Guaranty Insurance Company

P.O. Box 848 • 351 N. Third Street, Ashdown, AR 71822 • (870) 898-5191 • (800) 264-5191 [L-000124-TC]

SHADED AREA FOR HOME OFFICE USE ONLY

Policy No.	Issue Date	CF	Plan	Status	Agt1	Comp	Agt2	UMH
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Plan of Insurance: ☐ Accidental Death Benefit (ADB) Mail Policy to: ☐ Agent ☐ Owner ☐ Funeral Home

1. Persons Proposed for Insurance	Birthdate	Age	Sex	Height	Weight	Face Amount	Premium	Beneficiary & Relationship

2. Owner (if other than first Proposed Insured listed): _____ SS# _____

Relationship to first Proposed Insured listed: _____

3. a) Home Address: _____ ()
 NUMBER & STREET CITY/STATE ZIP TELEPHONE

b) Billing Address: _____ ()
 NUMBER & STREET CITY/STATE ZIP TELEPHONE

4.a) Do you have any existing life insurance or annuities? ☐ YES ☐ NO

4.b) Will this proposed insurance replace or change the status of any existing insurance or annuity? ☐ YES ☐ NO

5. ☐ COM ☐ Mo. ☐ Qtr. ☐ S/A ☐ Ann Amount Paid \$

Health History

	YES	NO	IF ANSWER IS "YES" QUESTION # AND DETAILS
6. In the past 6 months has any Proposed Insured:			
a) been confined to a nursing facility, used oxygen to assist in breathing or received kidney dialysis, or currently hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	
b) had a heart attack, stroke, heart surgery, congestive heart failure, internal cancer or malignant melanoma?	<input type="checkbox"/>	<input type="checkbox"/>	
7. In the past 10 years, has any Proposed Insured been diagnosed as having or treated by a medical professional for AIDS or AIDS Related Complex (ARC)?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Has any Proposed Insured age 25 or under, ever had, been treated for, or been diagnosed as having Cystic Fibrosis, Diabetes, Down's Syndrome, Multiple Sclerosis, Muscular Dystrophy or Sickle Cell Anemia?	<input type="checkbox"/>	<input type="checkbox"/>	
9. In the past 5 years, has any Proposed Insured had, been treated for, or been diagnosed by a physician as having:			
a) a heart attack, congestive heart failure, heart surgery, angina pectoris, stroke, emphysema (COPD), internal cancer or malignant melanoma?	<input type="checkbox"/>	<input type="checkbox"/>	
b) kidney failure, Alzheimer's Disease, Organic Brain Syndrome, Alcoholism, drug abuse, cirrhosis or other liver disease?	<input type="checkbox"/>	<input type="checkbox"/>	
c) an amputation caused by disease, had or been advised to have surgery for heart condition or blood vessel disease?	<input type="checkbox"/>	<input type="checkbox"/>	
d) High blood pressure or Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are you currently taking any prescription medicine?	<input type="checkbox"/>	<input type="checkbox"/>	

If eligible for a Graded Death Benefit policy only, will you accept? Give Name and Address of Physician:

☐ YES ☐ NO

Signature _____

For Home Office Endorsement Only

On behalf of myself and of any person who shall have or claim any interest in any policy issued pursuant to this application, I represent that all statements and answers contained herein are full, complete and true as written and are correctly recorded and I expressly agree as follows: this application and any policy issued in consequence thereof shall constitute the entire contract of insurance and that no person other than the President or Secretary of the Company can act for it to make, modify or discharge a contract or waive any of the Company's rights and requirements. The Company is authorized to amend this application by an appropriate notation in the space designated "For Home Office Endorsement Only" in order to correct apparent errors or omissions and in order to conform it with the form and content of the policy that may be issued.

Dated at: _____ on the _____ of _____ Submit Completed
 CITY, STATE DAY MONTH, YEAR HIPAA Form w/ App

Witness/Agent 1: _____ Agent No: _____ X
 Signature SIGNATURE OF PROPOSED INSURED

Agent 2: _____ Agent No: _____ X
 Signature

L-092012

Signature of Parent, Legal Guardian, or Owner and Controller if other than Proposed Insured

Additional Case Information for Underwriting Purposes			
Agent's Report on Proposed Insured			
<ul style="list-style-type: none">• Complete this report in full prior to submitting application or the Home Office will return it to you.• Submit all applications to the Home Office promptly.• Agents must submit the full first premium collected with the application to the Home Office.• Check the application for omissions and calculation errors before sending to Home Office.• Did you enter the correct Plan Code for Proposed Insured?• If needed, did you have the Proposed Insured check "yes" and sign for Graded Benefits?			
Report Questions – Questions 1, 2, 3 and 4: Circle "Yes" or "No"; Question 5: Place "X"			
1.	Did you personally see the Proposed Insured on the day the application was dated and signed, and did you carefully ask the Proposed Insured all the application questions and accurately record the answers?	Yes	No
2.	Does the Proposed Insured appear healthy?	Yes	No
3.	Do you know anything detrimental to the risk?	Yes	No
	If yes, then please explain here:		
4.	Will this proposed insurance replace or change the status of any existing insurance or annuity? If "Yes", then you must complete and submit a replacement form.	Yes	No
5.	Place an "X" to the left of your sales source and enter description in the "Notes" section.		
	A. Prospecting	Notes:	
	B. Lead Card		
	C. Referral form (write in space below)		
AGENT(S) ACKNOWLEDGMENT (if more than two agents, add their signatures/numbers in space below bottom row)			
Agent		Agent No.	
Agent		Agent No.	

FRAUD STATEMENTS
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison. Arkansas and Louisiana Residents: Any person who knowingly presents a false or fraudulent crime for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Oklahoma Residents: WARNING: Any person who knowingly and with intent to injury, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Policy issuance is based on your answers to the Health Questions listed on the application. Incorrect answers may void insurance coverage. Upon reviewing the application, if you find any incorrect answers, please contact the Home Office at (870) 898-5191 as soon as possible.

RECEIPT – DO NOT DETACH UNLESS FULL FIRST PREMIUM IS PAID WITH APPLICATION

Received from _____
the sum of \$ _____ Dollars

for the full first premium specified in the application for insurance with First Guaranty Insurance Company ("Company") which bears the same date as this receipt. The insurance under the policy for which application is made shall be effective on date of this receipt or the date of completion of the medical examination (if, and when required by the Company), whichever is the later date, if in the opinion of the authorized officers of the Company at its Home Office in Ashdown, Arkansas, the Proposed Insured is insurable and acceptable for insurance under the Company's rules and practices on the plan and amount of insurance applied for and at the premium rate set forth in the application, exclusive of any amendments in the space for "Home Office Endorsement". If the Proposed Insured is not so insurable and acceptable the Company has no liability under this receipt, and the above payment will be returned, by the Company's check, upon surrender of this receipt. This receipt shall be void if given for check or draft that is not honored on presentation.

The Company, within 60 days of the date of an application for a life insurance policy, shall notify a prospective insured as to whether or not the application has been accepted or else give the Proposed Insured the reason for any further delay.

Date _____ Agent's Signature _____

FORM OWL-2007 SHADED AREA FOR HOME OFFICE USE ONLY											Agent1:		Agent2:		
Policy No.		Issue Date		CF		Plan		Status		Comp		UMH			
1.a) Plan of Insurance:		Rider:		1.b) Mode of Payment (BD, M, Q, SA, A):						Mail Policy To:					
2.a) Do you have any existing life insurance or annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No						2.b) Will this proposed insurance replace or change the status of any existing insurance or annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No									
3.a) Proposed Insured – PRINT ONLY															
Last Name		First Name		MI	DOB	State	Age	Sex	Ht	Wt	FV	Premium	Beneficiary	Relation	
3.b) Each Child under age 1 listed above:		Birth Weight:		lbs		oz		Current Weight:		lbs		oz		Current Age (mos.):	
Last Name		First Name		MI											
4. Owner:						SS#:						Relation to first Proposed Insured:			
5. a) Home/Physical Address:										City:		State:			
Zip Code:		Primary Telephone - Area Code:				Number:									
5. b) Billing Address:										City:		State:			
Zip Code:		Secondary Telephone - Area Code:				Number:									
Health History – All Plans except F/60: Answer Questions 6-11, 18 ONLY. Plan F/60: ONLY Questions 11-18															
ALL “YES” ANSWERS MUST BE EXPLAINED UNDER CASE NOTES ON REVERSE SIDE, INCLUDING MEDICATIONS												YES	NO		
6. In the past 6 months has any Proposed Insured:												<input type="checkbox"/>	<input type="checkbox"/>		
a) been confined to a nursing facility, used oxygen to assist in breathing, received kidney dialysis, or currently hospitalized?												<input type="checkbox"/>	<input type="checkbox"/>		
b) had a heart attack, stroke, heart surgery, congestive heart failure, internal cancer, or malignant melanoma?												<input type="checkbox"/>	<input type="checkbox"/>		
7. In the past 10 years , has any Proposed Insured been diagnosed or treated by a medical professional for AIDS or AIDS Related Complex (ARC)?												<input type="checkbox"/>	<input type="checkbox"/>		
8. Has any Proposed Insured age 25 or under ever had, been treated for or been diagnosed by a physician with Cystic Fibrosis, Diabetes, Down’s Syndrome, Multiple Sclerosis, Muscular Dystrophy or Sickle Cell Anemia?												<input type="checkbox"/>	<input type="checkbox"/>		
9. In the past 5 years , has any Proposed Insured had, been treated for, or been diagnosed by a physician as having:												<input type="checkbox"/>	<input type="checkbox"/>		
a) a heart attack, congestive heart failure, heart surgery, angina pectoris, stroke, emphysema (COPD), internal cancer or malignant melanoma?												<input type="checkbox"/>	<input type="checkbox"/>		
b) kidney failure, Alzheimer’s Disease, Organic Brain Syndrome, Alcoholism, drug abuse, cirrhosis or other liver disease?												<input type="checkbox"/>	<input type="checkbox"/>		
c) an amputation caused by disease, had or been advised to have surgery for heart condition or blood vessel disease?												<input type="checkbox"/>	<input type="checkbox"/>		
d) high blood pressure or diabetes?												<input type="checkbox"/>	<input type="checkbox"/>		
10. If eligible for Graded Death Benefit, would you accept?						YES <input type="checkbox"/>	NO <input type="checkbox"/>	Signed:							
11. Are you currently taking any prescription medication?												<input type="checkbox"/>	<input type="checkbox"/>		
Questions 12-18: If answered “YES”, provide details of Illness, Checkup and Duration of Illness on case notes.															
12 Has any Proposed Insured ever consulted with or been treated by a doctor for or had symptoms of:												<input type="checkbox"/>	<input type="checkbox"/>		
a) Cancer, tumor, diabetes, epilepsy, high blood pressure, mental illness?												<input type="checkbox"/>	<input type="checkbox"/>		
b) Disease or disorder of the kidney, liver, lungs, heart, blood or blood vessels, eyes, bones or joints, or respiratory, digestive, nervous or reproductive systems?												<input type="checkbox"/>	<input type="checkbox"/>		
13. Has any Proposed Insured, within the last 5 years , consulted with or been treated by a doctor or been confined to any hospital or nursing facility?												<input type="checkbox"/>	<input type="checkbox"/>		
14. Has any Proposed Insured ever used narcotic or other habit forming drugs or been treated by a doctor or any medical-related facility because of alcohol, drug or narcotic usage?												<input type="checkbox"/>	<input type="checkbox"/>		
15. Has any Proposed Insured used tobacco (cigarettes or smokeless) within the past 12 months ?												<input type="checkbox"/>	<input type="checkbox"/>		
16. Has any Proposed Insured ever had a driver’s license revoked or suspended or, within the past 24 months , received three or more citations for moving traffic violations?												<input type="checkbox"/>	<input type="checkbox"/>		
17. Has any Proposed Insured, within the last 5 years , been declined, rated up or postponed for insurance?												<input type="checkbox"/>	<input type="checkbox"/>		
18. Name of Physician or Clinic:								Street Address:							
City:				State:		Zip Code:		Area Code:		Number:					
HOME OFFICE ENDORSEMENT ONLY															
On behalf of myself and of any person who shall have or claim any interest in any policy issued pursuant to this application, I represent that all statements and answers contained herein are full, complete and true as written and are correctly recorded and I expressly agree as follows: this application and any policy issued in consequence thereof shall constitute the entire contract of insurance and that no person other than the President or Secretary of the Company can act for it to make, modify or discharge a contract or waive any of the Company’s rights and requirements. The Company is authorized to amend this application by an appropriate notation in the space designated “For Home Office Endorsement Only” in order to correct apparent errors or omissions and in order to conform it with the form and content of any policy issued.															
NOTE: Proposed Insured(s) means all persons named in Question 3. A completed, signed HIPAA form must accompany this application.															
Dated at City:				State:		Month (1-12):		Day (1-31):		Year (4-digit):					
Signature(s) of Proposed Insured OR Parent, Legal Guardian, Owner or Controller if other than Proposed Insured:								1)							
Witnessed by 1 st Agent:				AGT Code:				2)							
2 nd Agent:				AGT Code:				3)							
FH Code (if applicable):								4)							
FORM OWL-2007															

Application for Life Insurance • First Guaranty Insurance Company

P.O. Box 848 • 351 N. Third Street, Ashdown, AR 71822 • (870) 898-5191 • (800) 264-5191

SHADED AREA FOR HOME OFFICE USE ONLY

Policy No.	Issue Date	State	Dist	Reg	Agt1	Agt2	Comp	UMH
1. Persons Proposed for Insurance	Birthdate	Age	Sex	Height	Weight	Face Amount	Premium	Beneficiary & Relationship

2. Owner (if other than first Proposed Insured listed): _____ SS# _____

Relationship to first Proposed Insured listed: _____

3. a) Home Address: _____ ()
NUMBER & STREET CITY/STATE ZIP TELEPHONE

b) Billing Address: _____ ()
NUMBER & STREET CITY/STATE ZIP TELEPHONE

4.a) Do you have any existing life insurance or annuities? ☐ YES ☐ NO

4.b) Will this proposed insurance replace or change the status of any existing insurance or annuity? ☐ YES ☐ NO

5. ☐ COM ☐ Mo. ☐ Qtr. ☐ S/A ☐ Ann Amount Paid \$

Health History

	YES	NO	IF ANSWER IS "YES" SHOW QUESTION NUMBER AND DETAILS
6. In the past 6 months has any Proposed Insured:			
a) been confined to a nursing facility, used oxygen to assist in breathing or received kidney dialysis, or currently hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	
b) had a heart attack, stroke, heart surgery, congestive heart failure, internal cancer or malignant melanoma?	<input type="checkbox"/>	<input type="checkbox"/>	
7. In the past 10 years, has any Proposed Insured been diagnosed as having or treated by a medical professional for AIDS or AIDS Related Complex (ARC)?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Has any Proposed Insured age 25 or under, ever had, been treated for, or been diagnosed as having Cystic Fibrosis, Diabetes, Down's Syndrome, Multiple Sclerosis, Muscular Dystrophy or Sickle Cell Anemia?	<input type="checkbox"/>	<input type="checkbox"/>	
9. In the past 5 years, has any Proposed Insured had, been treated for, or been diagnosed by a physician as having:	<input type="checkbox"/>	<input type="checkbox"/>	
a) a heart attack, congestive heart failure, heart surgery, angina pectoris, stroke, emphysema (COPD), internal cancer or malignant melanoma?	<input type="checkbox"/>	<input type="checkbox"/>	
b) kidney failure, Alzheimer's Disease, Organic Brain Syndrome, Alcoholism, drug abuse, cirrhosis or other liver disease?	<input type="checkbox"/>	<input type="checkbox"/>	
c) an amputation caused by disease, had or been advised to have surgery for heart condition or blood vessel disease?	<input type="checkbox"/>	<input type="checkbox"/>	
d) High blood pressure or Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are you currently taking any prescription medicine?	<input type="checkbox"/>	<input type="checkbox"/>	

Plan of Insurance: _____ ☐ Accidental Death Benefit (ADB) Mail Policy to: ☐ Agent ☐ Owner ☐ Funeral Home

If eligible for a Graded Death Benefit policy only, will you accept? ☐ YES ☐ NO Give Name and Address of Physician: _____

Signature _____

For Home Office Endorsement Only

On behalf of myself and of any person who shall have or claim any interest in any policy issued pursuant to this application, I represent that all statements and answers contained herein are full, complete and true as written and are correctly recorded and I expressly agree as follows: this application and any policy issued in consequence thereof shall constitute the entire contract of insurance and that no person other than the President or Secretary of the Company can act for it to make, modify or discharge a contract or waive any of the Company's rights and requirements. The Company is authorized to amend this application by an appropriate notation in the space designated "For Home Office Endorsement Only" in order to correct apparent errors or omissions and in order to conform it with the form and content of the policy that may be issued.

Dated at: _____ on the _____ of _____ Submit Completed HIPAA Form with App.
CITY, STATE DAY MONTH, YEAR

Witness/Agent 1: _____ Agent No: _____ X
Signature SIGNATURE OF PROPOSED INSURED

Agent 2: _____ Agent No: _____ X
Signature Signature of Parent, Legal Guardian, or Owner and Controller if other than Proposed Insured



FIRST GUARANTY
INSURANCE COMPANY

Underwriter of Life Insurance Products Since 1959

September 5, 2012

Lewis & Ellis Consulting Actuaries
P.O. Box 851857
Richardson, TX 75085-1857

To Whom It May Concern:

This letter or a copy thereof, confirms the authority of the actuarial consulting firm of Lewis & Ellis, Inc. to submit on behalf of First Guaranty Insurance Company, NAIC# 84034 (hereinafter "Company"), the required forms and rates for any insurance products to any and all insurance departments of those jurisdictions in which the company is licensed, and to represent the Company in the negotiation of the approval of said forms and rates, including the provision of necessary assurances and commitments regarding specific conditions of the forms required to secure said approvals.

This authorization is effective until revoked in writing by an authorized representative of First Guaranty Insurance Company.

Regards,

Kirk Babb
President